

Check here for 1 Continuing Education Hour_____

2005 WISCONSIN PUBLIC PSYCHIATRY NETWORK TELECONFERENCE EVALUATION

Please complete and return one form for each participant for each teleconference. Thank you!

Respondent's Name clearly written_____

Respondent's Agency and Address _____

NOTE: Persons requesting CEHs for the first time MUST include complete agency name spelled out without abbreviation and complete address in order to receive certificates.

CEH certificates for January-June are sent in late August and certificates for July-December are sent in late February. Please submit evaluations promptly and mark the date of the actual teleconference on the form.

Please circle the number that most closely reflects your assessment of each presentation.

Date:

Topic:

Presenter:

	<u>Poor</u>			<u>Excellent</u>	
Format of Presentation	1	2	3	4	5
Presentation of Useful Ideas	1	2	3	4	5
Importance of Topic	1	2	3	4	5
Quality of Presenter	1	2	3	4	5
Presentation Length	1	2	3	4	5

Comments on Presentation:

We would appreciate your evaluation of the overall teleconference and the sound quality. Please circle the number that most closely reflects your assessment.

	<u>Poor</u>			<u>Excellent</u>	
Overall Teleconference Format/Organization	1	2	3	4	5
Sound Quality	1	2	3	4	5

Additional Comments on Overall Quality of Teleconference

Most Helpful or Relevant:

Least Helpful or Relevant:

Recommendations:

Return to: Jamie McCarville, Bureau of Mental Health and Substance Abuse Services, 1 W. Wilson,
Box 7851, Madison WI 53707-7851 FAX (608) 267-7712 Telephone (608) 266-9392

To purchase a teleconference audiotape, give the date of the teleconference, identify it as a WisLine mental health teleconference and send a check for **\$7.00** to UW Extension, c/o Donna Kozuscek, ICS, Pyle Center, 702 Langdon Street, Madison WI 53706-1391.